

STUDY OF BRAIN TUMORS IN ADULTS

Section G. Family history of cancer

Now I have a few questions about some of your (_____'s) blood relatives. I am only interested in (your/his/her) relatives who are related by blood. Do not include adopted or foster relatives. I will be asking about (your/his/her) mother, father, sisters, brothers, and children.

G1. First, (are you/was he/she) adopted?

YES.....1
NO2 (G3)
DK.....8

G2. Can you answer questions about the health of (your/his/her) blood relatives, that is (your/his/her) biological parents, full brothers or sisters, or half-brothers or -sisters?

YES.....1
NO2 (G11e)

G3. (Were you/Was he/she) born a twin (or triplet)?

YES.....1
NO2 (G5)
DK.....8 (G5)

G4. (Were you/Was he/she) born an identical or fraternal twin (or triplet)?

IDENTICAL.....1
FRATERNAL.....2
DK.....8

G5. In what year was (your/his/her) mother born?

|_|_|_|_|
YEAR

DK.....98

G6. Is she alive now?

YES.....1 (G8)
NO2
DK.....8 (G8)

G7. In what year or at what age did she die?

|_|_|_|_| OR |_|_|_|
YEAR AGE

DK.....98

G8. In what year was (your/his/her) father born?

|_|_|_|_|
YEAR

DK.....98

G9. Is he alive now?

YES.....1 (G11)

NO2

DK.....8 (G11)

G10. In what year or at what age did he die?

|_|_|_|_| OR |_|_|_|
YEAR AGE

DK.....98

G11. How many (RELATIONSHIP) (do you/does your _____) have, both living and deceased? FOR EACH RELATIONSHIP WITH A NUMBER ENTERED IN THE BOX, GO TO Q.G12, ENTER THE FIRST NAMES, CIRCLE THE RELATIONSHIP CODES AND ASK Q.G13 THROUGH G16, AS APPROPRIATE. THEN, GO TO BOX G1.)

- | | | | |
|----|---------------|--|---|
| a. | full sisters | <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; text-align: center; line-height: 20px;"> <div style="display: flex; justify-content: space-between; width: 100%;"> </div> <div style="display: flex; justify-content: center; width: 100%;"> # </div> </div> | NONE00 (b)
DK.....98 (b) |
| b. | full brothers | <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; text-align: center; line-height: 20px;"> <div style="display: flex; justify-content: space-between; width: 100%;"> </div> <div style="display: flex; justify-content: center; width: 100%;"> # </div> </div> | NONE00 (c)
DK.....98 (c) |
| c. | half-sisters | <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; text-align: center; line-height: 20px;"> <div style="display: flex; justify-content: space-between; width: 100%;"> </div> <div style="display: flex; justify-content: center; width: 100%;"> # </div> </div> | NONE00 (d)
DK.....98 (d) |
| d. | half-brothers | <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; text-align: center; line-height: 20px;"> <div style="display: flex; justify-content: space-between; width: 100%;"> </div> <div style="display: flex; justify-content: center; width: 100%;"> # </div> </div> | NONE00 (e)
DK.....98 (e) |
| e. | daughters | <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; text-align: center; line-height: 20px;"> <div style="display: flex; justify-content: space-between; width: 100%;"> </div> <div style="display: flex; justify-content: center; width: 100%;"> # </div> </div> | NONE00 (f)
DK.....98 (f) |
| f. | sons | <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; text-align: center; line-height: 20px;"> <div style="display: flex; justify-content: space-between; width: 100%;"> </div> <div style="display: flex; justify-content: center; width: 100%;"> # </div> </div> | NONE00 (BOX G1)
DK.....98 (BOX G1) |

BOX G1

IF G2 = 1 AND ALL RESPONSES TO G11a THROUGH f = 00 (S. HAS NONE OF THE RELATIVES LISTED), SKIP TO G17 INTRO AND READ PHRASE FOR MOTHER AND FATHER ONLY.
 IF G2 = 2 AND G11e AND G11f = 00, SKIP TO NEXT SECTION.
 OTHERWISE, AFTER COMPLETING G12-G16, GO TO G17 INTRO.

(COMPLETE GRID FOR ALL RELATIVES IDENTIFIED IN G11 THEN GO TO G17 INTRO.)

G12. Could I please have the first name(s) of (your/his/her) (RELATIONSHIP)?	G13. Which parent (do you/does your _____) share with (NAME)?	G14. In what year was (NAME) born?	G15. Is (he/she) alive now?	G16. In what year or at what age did (he/she) die?
a. NAME: _____ FULL SISTER 1 (G14) FULL BROTHER .. 2 (G14) HALF-SISTER 3 HALF-BROTHER .. 4 DAUGHTER 5 (G14) SON 6 (G14)	MOTHER 1 FATHER 2 DK 8	_ _ _ _ YEAR OR _ _ AGE DK 98	YES 1 (b) NO 2 DK 8 (b)	_ _ _ _ YEAR OR _ _ AGE DK 98
b. NAME: _____ FULL SISTER 1 (G14) FULL BROTHER .. 2 (G14) HALF-SISTER 3 HALF-BROTHER .. 4 DAUGHTER 5 (G14) SON 6 (G14)	MOTHER 1 FATHER 2 DK 8	_ _ _ _ YEAR OR _ _ AGE DK 98	YES 1 (c) NO 2 DK 8 (c)	_ _ _ _ YEAR OR _ _ AGE DK 98
c. NAME: _____ FULL SISTER 1 (G14) FULL BROTHER .. 2 (G14) HALF-SISTER 3 HALF-BROTHER .. 4 DAUGHTER 5 (G14) SON 6 (G14)	MOTHER 1 FATHER 2 DK 8	_ _ _ _ YEAR OR _ _ AGE DK 98	YES 1 (d) NO 2 DK 8 (d)	_ _ _ _ YEAR OR _ _ AGE DK 98
d. NAME: _____ FULL SISTER 1 (G14) FULL BROTHER .. 2 (G14) HALF-SISTER 3 HALF-BROTHER .. 4 DAUGHTER 5 (G14) SON 6 (G14)	MOTHER 1 FATHER 2 DK 8	_ _ _ _ YEAR OR _ _ AGE DK 98	YES 1 (e) NO 2 DK 8 (e)	_ _ _ _ YEAR OR _ _ AGE DK 98
e. NAME: _____ FULL SISTER 1 (G14) FULL BROTHER .. 2 (G14) HALF-SISTER 3 HALF-BROTHER .. 4 DAUGHTER 5 (G14) SON 6 (G14)	MOTHER 1 FATHER 2 DK 8	_ _ _ _ YEAR OR _ _ AGE DK 98	YES 1 (f) NO 2 DK 8 (f)	_ _ _ _ YEAR OR _ _ AGE DK 98

G12.	G13.	G14.	G15.	G16.
Could I please have the first name(s) of (your/his/her) (RELATIONSHIP)?	Which parent (do you/does your _____) share with (NAME)?	In what year was (NAME) born?	Is (he/she) alive now?	In what year or at what age did (he/she) die?
f. NAME: _____ FULL SISTER 1 (G14) FULL BROTHER .. 2 (G14) HALF-SISTER 3 HALF-BROTHER .. 4 DAUGHTER 5 (G14) SON 6 (G14)	MOTHER 1 FATHER 2 DK 8	_ _ _ _ YEAR OR _ _ AGE DK 98	YES 1 (g) NO 2 DK 8 (g)	_ _ _ _ YEAR OR _ _ AGE DK 98
g. NAME: _____ FULL SISTER 1 (G14) FULL BROTHER .. 2 (G14) HALF-SISTER 3 HALF-BROTHER .. 4 DAUGHTER 5 (G14) SON 6 (G14)	MOTHER 1 FATHER 2 DK 8	_ _ _ _ YEAR OR _ _ AGE DK 98	YES 1 (h) NO 2 DK 8 (h)	_ _ _ _ YEAR OR _ _ AGE DK 98
h. NAME: _____ FULL SISTER 1 (G14) FULL BROTHER .. 2 (G14) HALF-SISTER 3 HALF-BROTHER .. 4 DAUGHTER 5 (G14) SON 6 (G14)	MOTHER 1 FATHER 2 DK 8	_ _ _ _ YEAR OR _ _ AGE DK 98	YES 1 (i) NO 2 DK 8 (i)	_ _ _ _ YEAR OR _ _ AGE DK 98
i. NAME: _____ FULL SISTER 1 (G14) FULL BROTHER .. 2 (G14) HALF-SISTER 3 HALF-BROTHER .. 4 DAUGHTER 5 (G14) SON 6 (G14)	MOTHER 1 FATHER 2 DK 8	_ _ _ _ YEAR OR _ _ AGE DK 98	YES 1 (j) NO 2 DK 8 (j)	_ _ _ _ YEAR OR _ _ AGE DK 98
j. NAME: _____ FULL SISTER 1 (G14) FULL BROTHER .. 2 (G14) HALF-SISTER 3 HALF-BROTHER .. 4 DAUGHTER 5 (G14) SON 6 (G14)	MOTHER 1 FATHER 2 DK 8	_ _ _ _ YEAR OR _ _ AGE DK 98	YES 1 (k) NO 2 DK 8 (k)	_ _ _ _ YEAR OR _ _ AGE DK 98

G12.	G13.	G14.	G15.	G16.
Could I please have the first name(s) of (your/his/her) (RELATIONSHIP)?	Which parent (do you/does your _____) share with (NAME)?	In what year was (NAME) born?	Is (he/she) alive now?	In what year or at what age did (he/she) die?
k. NAME: _____ FULL SISTER 1 (G14) FULL BROTHER .. 2 (G14) HALF-SISTER 3 HALF-BROTHER .. 4 DAUGHTER 5 (G14) SON 6 (G14)	MOTHER 1 FATHER 2 DK 8	_ _ _ _ YEAR OR _ _ AGE DK 98	YES 1 (l) NO 2 DK 8 (l)	_ _ _ _ YEAR OR _ _ AGE DK 98
l. NAME: _____ FULL SISTER 1 (G14) FULL BROTHER .. 2 (G14) HALF-SISTER 3 HALF-BROTHER .. 4 DAUGHTER 5 (G14) SON 6 (G14)	MOTHER 1 FATHER 2 DK 8	_ _ _ _ YEAR OR _ _ AGE DK 98	YES 1 (m) NO 2 DK 8 (m)	_ _ _ _ YEAR OR _ _ AGE DK 98
m. NAME: _____ FULL SISTER 1 (G14) FULL BROTHER .. 2 (G14) HALF-SISTER 3 HALF-BROTHER .. 4 DAUGHTER 5 (G14) SON 6 (G14)	MOTHER 1 FATHER 2 DK 8	_ _ _ _ YEAR OR _ _ AGE DK 98	YES 1 (n) NO 2 DK 8 (n)	_ _ _ _ YEAR OR _ _ AGE DK 98
n. NAME: _____ FULL SISTER 1 (G14) FULL BROTHER .. 2 (G14) HALF-SISTER 3 HALF-BROTHER .. 4 DAUGHTER 5 (G14) SON 6 (G14)	MOTHER 1 FATHER 2 DK 8	_ _ _ _ YEAR OR _ _ AGE DK 98	YES 1 (o) NO 2 DK 8 (o)	_ _ _ _ YEAR OR _ _ AGE DK 98
o. NAME: _____ FULL SISTER 1 (G14) FULL BROTHER .. 2 (G14) HALF-SISTER 3 HALF-BROTHER .. 4 DAUGHTER 5 (G14) SON 6 (G14)	MOTHER 1 FATHER 2 DK 8	_ _ _ _ YEAR OR _ _ AGE DK 98	YES 1 (p) NO 2 DK 8 (p)	_ _ _ _ YEAR OR _ _ AGE DK 98

G12.	G13.	G14.	G15.	G16.
<p>Could I please have the first name(s) of (your/his/her) (RELATIONSHIP)?</p>	<p>Which parent (do you/does your _____) share with (NAME)?</p>	<p>In what year was (NAME) born?</p>	<p>Is (he/she) alive now?</p>	<p>In what year or at what age did (he/she) die?</p>
<p>p. NAME: _____</p> <p>FULL SISTER 1 (G14) FULL BROTHER .. 2 (G14) HALF-SISTER 3 HALF-BROTHER .. 4 DAUGHTER 5 (G14) SON 6 (G14)</p>	<p>MOTHER 1 FATHER 2 DK 8</p>	<p>____ ____ ____ ____ YEAR OR ____ ____ AGE DK 98</p>	<p>YES 1 (q) NO 2 DK 8 (q)</p>	<p>____ ____ ____ ____ YEAR OR ____ ____ AGE DK 98</p>
<p>q. NAME: _____</p> <p>FULL SISTER 1 (G14) FULL BROTHER .. 2 (G14) HALF-SISTER 3 HALF-BROTHER .. 4 DAUGHTER 5 (G14) SON 6 (G14)</p>	<p>MOTHER 1 FATHER 2 DK 8</p>	<p>____ ____ ____ ____ YEAR OR ____ ____ AGE DK 98</p>	<p>YES 1 (r) NO 2 DK 8 (r)</p>	<p>____ ____ ____ ____ YEAR OR ____ ____ AGE DK 98</p>
<p>r. NAME: _____</p> <p>FULL SISTER 1 (G14) FULL BROTHER .. 2 (G14) HALF-SISTER 3 HALF-BROTHER .. 4 DAUGHTER 5 (G14) SON 6 (G14)</p>	<p>MOTHER 1 FATHER 2 DK 8</p>	<p>____ ____ ____ ____ YEAR OR ____ ____ AGE DK 98</p>	<p>YES 1 (s) NO 2 DK 8 (s)</p>	<p>____ ____ ____ ____ YEAR OR ____ ____ AGE DK 98</p>
<p>s. NAME: _____</p> <p>FULL SISTER 1 (G14) FULL BROTHER .. 2 (G14) HALF-SISTER 3 HALF-BROTHER .. 4 DAUGHTER 5 (G14) SON 6 (G14)</p>	<p>MOTHER 1 FATHER 2 DK 8</p>	<p>____ ____ ____ ____ YEAR OR ____ ____ AGE DK 98</p>	<p>YES 1 (t) NO 2 DK 8 (t)</p>	<p>____ ____ ____ ____ YEAR OR ____ ____ AGE DK 98</p>
<p>t. NAME: _____</p> <p>FULL SISTER 1 (G14) FULL BROTHER .. 2 (G14) HALF-SISTER 3 HALF-BROTHER .. 4 DAUGHTER 5 (G14) SON 6 (G14)</p>	<p>MOTHER 1 FATHER 2 DK 8</p>	<p>____ ____ ____ ____ YEAR OR ____ ____ AGE DK 98</p>	<p>YES 1 (G17 INTRO) NO 2 DK 8 (G17 INTRO)</p>	<p>____ ____ ____ ____ YEAR OR ____ ____ AGE DK 98</p>

G17 INTRO

SHOW CARD G1

Now I'm going to ask you about the list of conditions shown on this card. For each condition, I will ask whether any of the relatives you just told me about, including (your/his/her) mother and father, was ever told by a doctor that he or she had that condition.

(FOR MOTHER AND FATHER ONLY):
(your/his/her) mother and father . . .

(FOR CHILDREN ONLY):
(your/his/her) children . . .

(FOR OTHER RELATIVES INCLUDING PARENTS & CHILDREN):
(any of the relatives you have just told me about, including (your/his/her) mother and father . . .

G17. Were any of these relatives ever told by a doctor that they (had/were) (CONDITION)? (OBTAIN RESPONSES FOR ALL CONDITIONS. THEN, FOR EACH "YES," GO TO THE APPROPRIATE GRID FOR G18 (a, b, c, d, e, f, or g) AND ENTER THE NAMES AND RELATIONSHIPS FOR ALL OF THE BLOOD RELATIVES WHO HAD THAT CONDITION. THEN, FOR EACH RELATIVE, ASK THE OTHER QUESTIONS IN THE GRID.)

a. a brain tumor?

YES..... 1
NO 2
DK..... 8

b. Tumors of the nerves or spinal cord?

YES..... 1
NO 2
DK..... 8

c. Neurofibromatosis?

YES..... 1
NO 2
DK..... 8

d. Leukemia, lymphoma, multiple myeloma, or Hodgkin's disease?

YES..... 1
NO 2
DK..... 8

e. Any other cancers or tumors? (EXCLUDE SQUAMOUS OR BASAL CELL SKIN CANCERS.)

YES..... 1
NO 2
DK..... 8

f. Epilepsy or seizures?

YES..... 1
NO 2
DK..... 8

g. Were any of these relatives mentally retarded?

YES..... 1
NO 2
DK..... 8

BOX G2

IF ALL RESPONSES TO G17a THROUGH h = 2 OR 8, SKIP TO G24.

A. BRAIN TUMORS:

G18a.	G19a.	G20a.
Which relative had a brain tumor? (ENTER FIRST NAME AND RELATIONSHIP FOR ALL WHO HAD CONDITION)	What type of brain tumor did (NAME) have? (CODE UP TO TWO) (PROBE: Any others?) SHOW CARD G2 A. GLIOBLASTOMA 01 B. ASTROCYTOMA 02 C. MEDULLOBLASTOMA 03 D. MENINGIOMA 04 E. OLIGODENDROGLIOMA 05 F. EPENDYMOMA 06 G. GLIOMA 07 H. NEUROMA 08 I. SCHWANNOMA 09 J. PITUITARY GLAND TUMOR 10 K. OTHER TYPE (SPECIFY) _____	How old was (he/she) when it was diagnosed?
a. _____ _____ _____ _ _ DK	1ST TYPE REPORTED: _ _ _ 2ND TYPE REPORTED: _ _ _ 96 – OTHER TYPE SPECIFIED: _____ 98 – HAD TUMOR, BUT DK TYPE.	_ _ OR _ _ _ _ OR DK . . 98 AGE YEAR _ _ OR _ _ _ _ OR DK . . 98 AGE YEAR
b. _____ _____ _____ _ _ DK	1ST TYPE REPORTED: _ _ _ 2ND TYPE REPORTED: _ _ _ 96 – OTHER TYPE SPECIFIED: _____ 98 – HAD TUMOR, BUT DK TYPE.	_ _ OR _ _ _ _ OR DK . . 98 AGE YEAR _ _ OR _ _ _ _ OR DK . . 98 AGE YEAR
c. _____ _____ _____ _ _ DK	1ST TYPE REPORTED: _ _ _ 2ND TYPE REPORTED: _ _ _ 96 – OTHER TYPE SPECIFIED: _____ 98 – HAD TUMOR, BUT DK TYPE.	_ _ OR _ _ _ _ OR DK . . 98 AGE YEAR _ _ OR _ _ _ _ OR DK . . 98 AGE YEAR
d. _____ _____ _____ _ _ DK	1ST TYPE REPORTED: _ _ _ 2ND TYPE REPORTED: _ _ _ 96 – OTHER TYPE SPECIFIED: _____ 98 – HAD TUMOR, BUT DK TYPE.	_ _ OR _ _ _ _ OR DK . . 98 AGE YEAR _ _ OR _ _ _ _ OR DK . . 98 AGE YEAR

B. NERVE AND SPINAL CORD TUMORS:

neurofibromatosis (NF)? (ENTER FIRST NAME AND RELATIONSHIP FOR ALL WHO HAD CONDITION)	SHOW CARD G4 <u>TYPE 1:</u> (VON RECKLINGHAUSEN DISEASE OR PERIPHERAL NEUROFIBROMATOSIS) <u>TYPE 2:</u> (BILATERAL ACOUSTIC OR CENTRAL NEUROFIBROMATOSIS)	when it was diagnosed?
a. _____ _____ _____ _ _ DK	TYPE 1..... 1 TYPE 2.....2 BOTH3 DK8	_ _ OR _ _ _ _ OR DK ... 98 AGE YEAR
b. _____ _____ _____ _ _ DK	TYPE 1..... 1 TYPE 2.....2 BOTH3 DK8	_ _ OR _ _ _ _ OR DK ... 98 AGE YEAR
c. _____ _____ _____ _ _ DK	TYPE 1..... 1 TYPE 2.....2 BOTH3 DK8	_ _ OR _ _ _ _ OR DK ... 98 AGE YEAR
d. _____ _____ _____ _ _ DK	TYPE 1..... 1 TYPE 2.....2 BOTH3 DK8	_ _ OR _ _ _ _ OR DK ... 98 AGE YEAR

D. LEUKEMIA, LYMPHOMA, MULTIPLE MYELOMA, OR HODGKIN'S DISEASE

G18d. Which relative had leukemia, lymphoma, multiple myeloma, or Hodgkin's disease?	G19d. Which disease did (NAME) have? SHOW CARD G5	G20d. How old was (he/she) when it was diagnosed?
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(ENTER FIRST NAME AND RELATIONSHIP FOR ALL WHO HAD CONDITION)		
a. _____ _____ _____ _ _ DK	LEUKEMIA 1 LYMPHOMA 2 MULTIPLE MYELOMA 3 HODGKIN'S DISEASE 4 DK 8	_ _ OR _ _ _ _ OR DK ... 98 AGE YEAR
b. _____ _____ _____ _ _ DK	LEUKEMIA 1 LYMPHOMA 2 MULTIPLE MYELOMA 3 HODGKIN'S DISEASE 4 DK 8	_ _ OR _ _ _ _ OR DK ... 98 AGE YEAR
c. _____ _____ _____ _ _ DK	LEUKEMIA 1 LYMPHOMA 2 MULTIPLE MYELOMA 3 HODGKIN'S DISEASE 4 DK 8	_ _ OR _ _ _ _ OR DK ... 98 AGE YEAR
d. _____ _____ _____ _ _ DK	LEUKEMIA 1 LYMPHOMA 2 MULTIPLE MYELOMA 3 HODGKIN'S DISEASE 4 DK 8	_ _ OR _ _ _ _ OR DK ... 98 AGE YEAR

G18d. Which relative had leukemia, lymphoma, multiple myeloma, or Hodgkin's disease? (ENTER FIRST NAME AND RELATIONSHIP FOR ALL WHO HAD CONDITION)	G19d. Which disease did (NAME) have? SHOW CARD G5	G20d. How old was (he/she) when it was diagnosed?
--	--	--

e.	LEUKEMIA 1 LYMPHOMA 2 MULTIPLE MYELOMA 3 HODGKIN'S DISEASE 4 DK 8	_ _ OR _ _ _ _ OR DK ... 98 AGE YEAR
f.	LEUKEMIA 1 LYMPHOMA 2 MULTIPLE MYELOMA 3 HODGKIN'S DISEASE 4 DK 8	_ _ OR _ _ _ _ OR DK ... 98 AGE YEAR
g.	LEUKEMIA 1 LYMPHOMA 2 MULTIPLE MYELOMA 3 HODGKIN'S DISEASE 4 DK 8	_ _ OR _ _ _ _ OR DK ... 98 AGE YEAR
h.	LEUKEMIA 1 LYMPHOMA 2 MULTIPLE MYELOMA 3 HODGKIN'S DISEASE 4 DK 8	_ _ OR _ _ _ _ OR DK ... 98 AGE YEAR

E. ANY OTHER CANCERS

G18e.	G19e.	G20e.	G21e.	G22e.	G23e.
Which relative had other cancers? (ENTER FIRST NAME AND RELATIONSHIP FOR ALL WHO HAD CONDITION)	What type of cancer did (he/she) have? (For (NAME), where did the cancer start?)	How old was (he/she) when it was diagnosed?	Did (your/his/her (RELATIVE) ever have any other cancer?	Where did the cancer start? (What type of cancer did (he/she) have?)	How old was (he/she) when it was diagnosed?
a.	SITE/TYPE:	_ _ _ _ YEAR	YES 1	SITE/TYPE:	_ _ _ _ YEAR
		OR	NO 2 (b)		OR

<div> <div> <div></div> <div></div> <div></div> <div>DK</div> </div> </div>	<div> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div>DK</div> </div> </div>	<div> <div> <div></div> <div></div> <div>AGE</div> </div> </div> <div>DK 98</div>	<div>DK.....8 (b)</div>	<div> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div>DK</div> </div> </div>	<div> <div> <div></div> <div></div> <div></div> <div>AGE</div> </div> </div> <div>DK 98</div>
<div>b.</div> <div> <div></div> <div></div> <div></div> </div> <div> <div> <div></div> <div></div> <div></div> <div>DK</div> </div> </div>	<div>SITE/TYPE:</div> <div> <div></div> <div></div> </div> <div> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div>DK</div> </div> </div>	<div> <div> <div></div> <div></div> <div></div> <div>YEAR</div> </div> </div> <div>OR</div> <div> <div> <div></div> <div></div> <div>AGE</div> </div> </div> <div>DK 98</div>	<div>YES.....1</div> <div>NO.....2 (c)</div> <div>DK.....8 (c)</div>	<div>SITE/TYPE:</div> <div> <div></div> <div></div> </div> <div> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div>DK</div> </div> </div>	<div> <div> <div></div> <div></div> <div></div> <div>YEAR</div> </div> </div> <div>OR</div> <div> <div> <div></div> <div></div> <div>AGE</div> </div> </div> <div>DK 98</div>
<div>c.</div> <div> <div></div> <div></div> <div></div> </div> <div> <div> <div></div> <div></div> <div></div> <div>DK</div> </div> </div>	<div>SITE/TYPE:</div> <div> <div></div> <div></div> </div> <div> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div>DK</div> </div> </div>	<div> <div> <div></div> <div></div> <div></div> <div>YEAR</div> </div> </div> <div>OR</div> <div> <div> <div></div> <div></div> <div>AGE</div> </div> </div> <div>DK 98</div>	<div>YES.....1</div> <div>NO.....2 (d)</div> <div>DK.....8 (d)</div>	<div>SITE/TYPE:</div> <div> <div></div> <div></div> </div> <div> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div>DK</div> </div> </div>	<div> <div> <div></div> <div></div> <div></div> <div>YEAR</div> </div> </div> <div>OR</div> <div> <div> <div></div> <div></div> <div>AGE</div> </div> </div> <div>DK 98</div>
<div>d.</div> <div> <div></div> <div></div> <div></div> </div> <div> <div> <div></div> <div></div> <div></div> <div>DK</div> </div> </div>	<div>SITE/TYPE:</div> <div> <div></div> <div></div> </div> <div> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div>DK</div> </div> </div>	<div> <div> <div></div> <div></div> <div></div> <div>YEAR</div> </div> </div> <div>OR</div> <div> <div> <div></div> <div></div> <div>AGE</div> </div> </div> <div>DK 98</div>	<div>YES.....1</div> <div>NO.....2 (e)</div> <div>DK.....8 (e)</div>	<div>SITE/TYPE:</div> <div> <div></div> <div></div> </div> <div> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div>DK</div> </div> </div>	<div> <div> <div></div> <div></div> <div></div> <div>YEAR</div> </div> </div> <div>OR</div> <div> <div> <div></div> <div></div> <div>AGE</div> </div> </div> <div>DK 98</div>
<div>e.</div> <div> <div></div> <div></div> <div></div> </div> <div> <div> <div></div> <div></div> <div></div> <div>DK</div> </div> </div>	<div>SITE/TYPE:</div> <div> <div></div> <div></div> </div> <div> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div>DK</div> </div> </div>	<div> <div> <div></div> <div></div> <div></div> <div>YEAR</div> </div> </div> <div>OR</div> <div> <div> <div></div> <div></div> <div>AGE</div> </div> </div> <div>DK 98</div>	<div>YES.....1</div> <div>NO.....2 (f)</div> <div>DK.....8 (f)</div>	<div>SITE/TYPE:</div> <div> <div></div> <div></div> </div> <div> <div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div>DK</div> </div> </div>	<div> <div> <div></div> <div></div> <div></div> <div>YEAR</div> </div> </div> <div>OR</div> <div> <div> <div></div> <div></div> <div>AGE</div> </div> </div> <div>DK 98</div>

G18e.	G19e.	G20e.	G21e.	G22e.	G23e.
Which relative had other cancers? (ENTER FIRST NAME AND RELATIONSHIP FOR ALL WHO HAD CONDITION)	What type of cancer did (he/she) have? (For (NAME), where did the cancer start?)	How old was (he/she) when it was diagnosed?	Did (your/his/her (RELATIVE) ever have any other cancer?	Where did the cancer start? (What type of cancer did (he/she) have?)	How old was (he/she) when it was diagnosed?
f. _____ _____ _____ _ _ _ DK	SITE/TYPE: _____ _____ _____ _ _ _ _ _ DK	_ _ _ _ YEAR OR _ _ AGE DK 98	YES.....1 NO.....2 (g) DK.....8 (g)	SITE/TYPE: _____ _____ _____ _ _ _ _ _ DK	_ _ _ _ YEAR OR _ _ AGE DK 98
g. _____ _____ _____ _ _ DK	SITE/TYPE: _____ _____ _____ _ _ _ _ _ DK	_ _ _ _ YEAR OR _ _ AGE DK 98	YES.....1 NO.....2 (h) DK.....8 (h)	SITE/TYPE: _____ _____ _____ _ _ _ _ _ DK	_ _ _ _ YEAR OR _ _ AGE DK 98
h. _____ _____ _____ _ _ DK	SITE/TYPE: _____ _____ _____ _ _ _ _ _ DK	_ _ _ _ YEAR OR _ _ AGE DK 98	YES.....1 NO.....2 (i) DK.....8 (i)	SITE/TYPE: _____ _____ _____ _ _ _ _ _ DK	_ _ _ _ YEAR OR _ _ AGE DK 98
i. _____ _____ _____ _ _ DK	SITE/TYPE: _____ _____ _____ _ _ _ _ _ DK	_ _ _ _ YEAR OR _ _ AGE DK 98	YES.....1 NO.....2 (j) DK.....8 (j)	SITE/TYPE: _____ _____ _____ _ _ _ _ _ DK	_ _ _ _ YEAR OR _ _ AGE DK 98
j. _____ _____ _____ _ _ DK	SITE/TYPE: _____ _____ _____ _ _ _ _ _ DK	_ _ _ _ YEAR OR _ _ AGE DK 98	YES.....1 NO.....2 (NEXT CONDITION OR G24) DK.....8 (NEXT CONDITION OR G24)	SITE/TYPE: _____ _____ _____ _ _ _ _ _ DK	_ _ _ _ YEAR OR _ _ AGE DK 98

F. EPILEPSY

G18f. Which relative had epilepsy? (ENTER FIRST NAME AND RELATIONSHIP FOR ALL WHO HAD CONDITION)	G19. What age was (he/she) when it was diagnosed?
a. _____ _____ _____ _ _ _ DK	_ _ _ YEAR OR _ _ AGE DK 98
b. _____ _____ _____ _ _ _ DK	_ _ _ YEAR OR _ _ AGE DK 98
c. _____ _____ _____ _ _ _ DK	_ _ _ YEAR OR _ _ AGE DK 98
d. _____ _____ _____ _ _ _ DK	_ _ _ YEAR OR _ _ AGE DK 98

G. MENTAL RETARDATION

G18g. Which relative was mentally retarded? (ENTER FIRST NAME AND RELATIONSHIP FOR ALL WHO HAD CONDITION)	G19. Was it Down's Syndrome?
a. _____ _____ _____ _ _ _ DK	YES..... 1 NO 2 DK..... 8
b. _____ _____ _____ _ _ _ DK	YES..... 1 NO 2 DK..... 8
c. _____ _____ _____ _ _ _ DK	YES..... 1 NO 2 DK..... 8
d. _____ _____ _____ _ _ _ DK	YES..... 1 NO 2 DK..... 8

G24.	G25.
Were any other of (your/his/her) blood relatives (GRANDPARENTS, AUNTS, UNCLES, COUSINS), besides those we just discussed, ever diagnosed with...	Which relative(s) had CANCER? (SPECIFY RELATIONSHIP TO PARTICIPANT.)
a. A tumor of the brain or nervous system? YES..... 1 NO 2 (b) DK..... 8 (b)	a1. _____ __ __ DK a2. _____ __ __ DK a3. _____ __ __ DK
b. Leukemia? YES..... 1 NO 2 (c) DK..... 8 (c)	b1. _____ __ __ DK b2. _____ __ __ DK b3. _____ __ __ DK
c. Lymphoma? YES..... 1 NO 2 (d) DK..... 8 (d)	c1. _____ __ __ DK c2. _____ __ __ DK c3. _____ __ __ DK
d. Colon Cancer? YES..... 1 NO 2 DK..... 8	d1. _____ __ __ DK d2. _____ __ __ DK d3. _____ __ __ DK

<p align="center">BOX G3</p> <p align="center">INTERVIEWER: WHO PROVIDED MOST OF THE RESPONSES IN THIS SECTION?</p> <p align="center"> SUBJECT 1 PROXY 2 EQUALLY 3 </p>
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